

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SX	9105	3-10-00
O.I.P.E. CLASSIFIER			3-10-00
FORMALITY REVIEW		66655	3/11
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓ 10/9
2	✓ 10/3
3	
4	✓
5	
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7	
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓ 10/6
14	✓
15	✓
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17	✓
18	✓ 10/6
19	✓
20	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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